		DECT	AVAIL	ARLE	COE	γ								
DEO! /// II								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001									10079192					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY						
TOTAL CLAIMS			27					RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		į	BASIC FEE	370.00	OR	BASIC FEE	740.00		
TOTAL CHARGEABLE CLAIMS			27 minus 20=		• 7			X\$ 9=	63	OR	X\$18=			
INDEPENDENT CLAIMS			سا mir	us 3 =	*			X42=	42	OR	X84=			
MU	TIPLE DEPEN	DENT CLAIM P	RESENT				l	+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	475	OR	TOTAL			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL I			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 23	Minus	**	27	=	I	X\$ 9=		OR	X\$18=			
AME	Independent	· 4	Minus	***	= 01 4 114	=		X42=		OR	X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=			
								TOTAL		OR	TOTAL ADDIT, FEE			
ADDIT. FEE ON ADDIT. FEE (Column 1) (Column 2) (Column 3)														
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	*	Minus	###	T CLAB#	=		X42=		OR	X84=			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=			
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE			
		(Column 1)			mn 2)	(Column 3)	•			_				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
ME	Independent	*	Minus	***		[=		X42=		OR	X84=			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														